

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41679**

BIRTH NO. _____ **REG. DIST. NO.** 270 **PRIMARY REG. DIST. NO.** 3050 **Registrar's No.** 109

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville c. LENGTH OF STAY (in this place) 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 305 East 14th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pemiscot
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville 0782
d. STREET ADDRESS (If rural, give location) 305 East 14th Street

3. NAME OF DECEASED
a. (First) Lizzie b. (Middle) _____ c. (Last) Jones
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Dec 23 1950

5. SEX Female **6. COLOR OR RACE** Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH About 1879
9. AGE (in years last birthday) 71 **IF UNDER 1 YEAR** Months _____ Days _____ **IF UNDER 1 HRS.** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Lake County Tennessee /
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Grant Jones **13b. MOTHER'S MAIDEN NAME** Texana Gray
14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. -
17. INFORMANT'S SIGNATURE OR NAME Herman Kirk Caruthersville, Mo. **ADDRESS** _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. _____

INTERVAL BETWEEN ONSET AND DEATH
1 week
2-3 yrs
44 3/4

19a. DATE OF OPERATION none **19b. MAJOR FINDINGS OF OPERATION** _____

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) no **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Caruthersville, Pemiscot, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec 21, 1950, to Dec 28, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cook **23b. ADDRESS** Caruthersville, Mo. **23c. DATE SIGNED** 1-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 12/31/50 **24c. NAME OF CEMETERY OR CREMATORY** Morgan Ridge **24d. LOCATION** (City, town, or county) (State) Caruthersville, Mo.

DATE REC'D BY LOCAL REG. 1-4-1951 **REGISTRAR'S SIGNATURE** Hessie B. Walker **25. FUNERAL DIRECTOR'S SIGNATURE** H. S. Smith **ADDRESS** Funeral Home 808 Ward Ave. Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-51-9

VS 16
JAN 16 1962

JAN 5 REC'D

S. B. Beecher, M. D.,
Pemiscot County Health Depart
Caruthersville, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Robert W. McDraw

Signed _____
Student Embalmer

Licensed Embalmer No. 4732

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.